

ISSUE SLIP STAPLE AREA (for additional cross reference)

DEPOSIT N	INITIALS	ID NO.	DATE
FREE DETERMINATION	8A	76391	
FOI P.E. CLASSIFIER		102	7/15
FORMALITY REVIEW			
RESPONSE F. RMALITY REVIEW	Am	64920	2-25

INDEX OF CLAIMS

☒ Rejected
☒ Allowed
 (Through numeral) Canceled
☒ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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